



Therapeutic Recreation
805 Central Avenue, Suite 800
Cincinnati, OH 45202
Phone: 513.352.4028
Fax: 513.352.4637
www.cincyrec.org/TR

Program Registration Form

Please complete the front and back of this form by providing us with the information that has been requested. For legibility purposes, please print all information that you provide. Return this form with a check or money order made payable to **Cincinnati Recreation Commission**. Registration Forms and payment may be mailed or delivered to The Cincinnati Recreation Commission (address above). For additional information, please call us at (513)352-4028. Need additional registration forms? Please visit our website at www.cincyrec.org/TR!

Participant Information

First Name	Last Name	Date of Birth	Age	Gender
Street Address	City	State	Zip Code	
Home Phone	Alternate Phone(s) - other than home		E-Mail Address	
Parent/Guardian Name	Relationship	Phone Number(s)		
Parent/Guardian Name	Relationship	Phone Number(s)		
Emergency Contact Name (other than parent)	Relationship	Phone Number(s)		
Group Home / Agency	Contact Name	Phone Number(s)		

Disabling Condition

Please identify the participant's disabling condition. Circle all that applies to the participant and/or write in any disabling condition not listed.

Amputation	Cerebral Palsy	Mental Illness	Spinal Cord Injury -
Arthritis	Childhood Disintegrative Disorder	Mental Retardation: Mild – Moderate – Severe	Injury Level: _____
Asperger Syndrome	Down Syndrome	Muscular Dystrophy	Vision Impairment -
Attention Deficit Disorder	Head Injury	Multiple Sclerosis	Blind – Low Vision - Other
Autism	Hearing Impairment / Deaf	Rett's Syndrome	Other: _____
Behavioral Disorder	Learning Disability – Type _____	Spina Bifida	_____

Does the participant walk independently? ☐ Yes ☐ No

If not, what type of assistance is required? ☐ Wheelchair ☐ Walker ☐ Other (please specify) _____

Does the participant eat independently? ☐ Yes ☐ No

If not, what type of assistance is required? _____

Does the participant dress independently? ☐ Yes ☐ No

If not, what type of assistance is required? _____

Does the participant use the bathroom/toilet independently? ☐ Yes ☐ No

If not, what type of assistance is required? _____

Does the participant communicate through speech? ☐ Yes ☐ No Use Boardmaker? ☐ Yes ☐ No

If not, what type of communication is used? _____

Additional information that would assist in programming for the participant: _____

over

Medical Information

Please circle all that apply to the participant:

Allergies (specify below)CatheterHearing AidScoliosisArthritisDiabetesHeart ConditionShuntAsthmaDiet RestrictionHemophiliaTracheotomyAtlantoaxial SubluxationEar TubesHigh Blood PressureOther:Braces (Orthopedic)GlassesProsthesis

Please provide specific information for medical conditions we should be aware of (allergies, activity restrictions, etc.):

Does the participant have seizures: Yes No

If yes, what type? Grand Mal Petit Mal Other

If yes, how often does the participant have seizures? Date of last seizure:

Please identify the name, dosage and time of any medication the participant is currently taking:

Medication Name Dosage Time

Name Dosage Time

Name Dosage Time

Program Information

Please provide us with the participant's program choices below.

Program Code	Program Name / Location / Preferred Swim Time	Fee
		\$
		\$
		\$
		\$
Please remember to register staff/aides for each program, if applicable! Interested in making a donation? Please call us at (513)352-4028!		
Participant's T-Shirt Size: Children's Size Adult Size	Total Amount Enclosed	\$

Are you a new participant? Yes No If yes, how did you hear about us?

What type of transportation does the participant have?

Self Parent/Guardian Metro Group Home Staff Access – I.D.#

Participant / Parent / Guardian Release

As a participant or as a parent/guardian of the participant in this program, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss resulting from participation in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have, as a result of my or my son's/daughter's participation in the program, against the Cincinnati Recreation Commission, City of Cincinnati, and their agents, employees, staff and volunteers. I do hereby fully release and discharge the Cincinnati Recreation Commission, City of Cincinnati and their agents, employees, staff and volunteers for any and all claims from injuries, damage or loss which I have or which may accrue to me on account of my son's/daughter's participation in the program. I further agree to protect, defend and hold harmless the Cincinnati Recreation Commission, City of Cincinnati, and their agents, employees, staff and volunteers from any and all claims resulting from injuries, damage or losses sustained by myself or my son/daughter or arising out of, connected with, or in any way associated with the activities of the program. I have read and fully understand this release form. Before registration in this program(s) is valid, this release form must be signed by the participant or the participant's parent or legal guardian.

Signature of Participant / Parent / Guardian Date

Multi-Media Release

I, the undersigned, hereby authorize the Cincinnati Recreation Commission to utilize photographs, videotapes, voice recordings, etc. of the participant to be used exclusively for promotion, advertising and marketing of the Cincinnati Recreation Commission and its programs.

Signature of Participant / Parent / Guardian Date